

To applicant: Please FAX to 63rd RRC PAO at (562) 795-1370.

HOMETOWN NEWS RELEASE INFORMATION

1. PAO CODE		PRINT OR TYPE - SEND ORIGINAL ONLY		FOR RELEASING PUBLIC AFFAIRS OFFICE USE ONLY				
3	0	3		FROM: 63rd RRC PAO ATTN: Mr. Wagner 4235 Yorktown Ave. Los Alamitos, CA 90720-5002				
2. YOUR SOCIAL SECURITY NUMBER (For identification only)								
PRIVACY ACT STATEMENT								
<p>AUTHORITY: 5 U.S.C. 301, 10 U.S.C. 8012 and 8034, and EO 9397.</p> <p>PRINCIPAL PURPOSE: To prepare news stories and news releases for distribution and publication by civilian news media to recognize the achievements of Army and Air Force members. In accordance with the 1974 Privacy Act, you are hereby informed that your Social Security Number on this form is required for identification use only.</p> <p>ROUTINE USE: Information may be disclosed to civilian news media representatives. Once published, information is considered "Public Domain."</p> <p>DISCLOSURE: Information collected on this form is released over your signature and is voluntary. If you have no objection to the information being released to hometown audiences, sign your name below. Failure to provide the information may mean little or no public news release material can be produced, thus denying the individual public recognition for personal achievements.</p>								
3. BRANCH OF SERVICE		4. STATUS		5. RANK	6. PAY GRADE	7. FIRST NAME, MIDDLE INITIAL, LAST NAME		8. SEX
<input checked="" type="checkbox"/> ARMY		<input type="checkbox"/> ACTIVE						
<input type="checkbox"/> AIR FORCE		<input checked="" type="checkbox"/> RESERVE		9. EVENT (Example: Arrival; Promoted to Sergeant; Received Commendation Medal, etc. - Citation Needed)				
<input type="checkbox"/> NAVY		<input type="checkbox"/> NATIONAL GUARD						
<input type="checkbox"/> MARINE CORPS		<input type="checkbox"/>						
<input type="checkbox"/> COAST GUARD		<input type="checkbox"/> CIVILIAN						
10. YOUR LIVING PARENTS, STEPPARENTS, GUARDIANS, AUNT/UNCLE/GRANDPARENTS OR ADULT SIBLINGS								
a.(1) FIRST NAME, MIDDLE INITIAL, LAST NAME				(2) RELATIONSHIP TO YOU				
(3) ADDRESS (Number and Street)				(4) CITY		(5) STATE	(6) ZIP CODE	
b.(1) FIRST NAME, MIDDLE INITIAL, LAST NAME				(2) RELATIONSHIP TO YOU				
(3) ADDRESS (Number and Street)				(4) CITY		(5) STATE	(6) ZIP CODE	
11. SPOUSE'S NAME (First, Middle Initial, Last)								
12. SPOUSE'S LIVING FATHER a. FIRST NAME, MIDDLE INITIAL, LAST NAME								
b. ADDRESS (Number and Street)				c. CITY		d. STATE	e. ZIP CODE	
13. SPOUSE'S LIVING MOTHER a. FIRST NAME, MIDDLE INITIAL, LAST NAME								
b. ADDRESS (Number and Street)				c. CITY		d. STATE	e. ZIP CODE	
14.a. YOUR PRESENT UNIT OF ASSIGNMENT (Do not abbreviate)			b. POST OR BASE (Not APO)		c. CITY		d. STATE OR COUNTRY	
15. DUTY MOS OR AFSC			16. PRESENT JOB TITLE (Full Title - Do not abbreviate)				17. TOTAL YEARS MILITARY SERVICE	
18.a. HIGH SCHOOL GRADUATED FROM			b. YEAR GRADUATED	c. CITY		d. STATE	e. ZIP CODE	
19. COLLEGES GRADUATED FROM								
a. COMPLETE NAME		b. DEGREE	c. YEAR GRADUATED	d. CITY		e. STATE	f. ZIP CODE	
20. REMARKS (Continue on back if necessary)								
21. SIGNATURE OF PERSON LISTED ABOVE (Authorizing release of this information)						22. DATE (YYMMDD)		23. DUTY PHONE (DSN or area code)